

Division	<b>COMMONWEALTH OF MASSACHUSETTS</b> Juvenile Court Department	Docket No.
<p align="center"><b>PERMANENCY MEDIATION INTAKE FORM</b>  <i>(Attach a copy of the Order for Screening Conference)</i></p>		
1.	<b>Case Name:</b> Care and Protection of: _____ <b>Case Status:</b> Pre-Trial Date: _____ Trial Date(s): _____ Next Court Date: _____ Event: _____	(NOTES)
2.	<b>Name of Court Contact Person:</b> _____ Tel No. _____ Fax No: _____	
3.	<b>Mother's Name:</b> _____ City/State of Residence: _____ Primary Language: _____ Interpreter Needed: _____ Attorney's Name: _____ Attorney's Address: _____ Tel No. _____ Fax No: _____	
4.	<b>Father's Name:</b> _____ City/State of Residence: _____ Primary Language: _____ Interpreter Needed: _____ Attorney's Name: _____ Attorney's Address: _____ Tel No. _____ Fax No: _____ Father of: _____	
5.	<b>Father's Name:</b> _____ City/State of Residence: _____ Primary Language: _____ Interpreter Needed: _____ Attorney's Name: _____ Attorney's Address: _____ Tel No. _____ Fax No: _____ Father of: _____	
6.	<b>Name of other person participating in mediation (e.g. foster parent, pre-adoptive parent):</b> _____ City/State of Residence: _____ Primary Language: _____ Interpreter Needed: _____ Attorney's Name: _____ Attorney's Address: _____ Tel No. _____ Fax No: _____	
7.	<b>Department of Social Services:</b> Attorney's Name: _____ Address: _____ Tel No. _____ Fax No: _____  <b>On-going Social Worker's Name:</b> _____ Area Office: _____ Telephone No. _____ <b>Adoption Worker's Name:</b> _____ Area Office: _____ Telephone No. _____	

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<b>8.</b>	<b>Child's Name:</b> _____ <b>Date Of Birth:</b> _____  <b>Attorney's Name:</b> _____ <b>Attorney's Address:</b> _____ <b>Tel No.</b> _____ <b>Fax No:</b> _____	
<b>9.</b>	<b>Child's Name:</b> _____ <b>Date Of Birth:</b> _____  <b>Attorney's Name:</b> _____ <b>Attorney's Address:</b> _____ <b>Tel No.</b> _____ <b>Fax No:</b> _____	
<b>10.</b>	<b>Child's Name:</b> _____ <b>Date Of Birth:</b> _____  <b>Attorney's Name:</b> _____ <b>Attorney's Address:</b> _____ <b>Tel No.</b> _____ <b>Fax No:</b> _____	
<b>11.</b>	<b>Child's Name:</b> _____ <b>Date Of Birth:</b> _____  <b>Attorney's Name:</b> _____ <b>Attorney's Address:</b> _____ <b>Tel No.</b> _____ <b>Fax No:</b> _____	
<b>12.</b>	<b>Child's Name:</b> _____ <b>Date Of Birth:</b> _____  <b>Attorney's Name:</b> _____ <b>Attorney's Address:</b> _____ <b>Tel No.</b> _____ <b>Fax No:</b> _____	
	<b>Comments or Instructions:</b> _____ _____ _____ _____ _____ _____	

**Fax this form, the ADR Referral Form and the Order for Screening Conference to:**

**1) Massachusetts Families for Kids: Attention Julia A. B. Pearson, fax: 617-445-4796.**

**If you have any questions regarding the mediation process or the status of this case.**

**Contact information: Julia A. B. Pearson at 617-989-9446,**

**2) Case Manager James Morton, Esq., Juvenile Court Administrative Office, fax: 617-788-8965.**

**Contact information: James at 617-788-6550.**